

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521214

FILING DATE

APPLICANT(S)

10/521214

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		3				
12	1					
13		1				
14		1				
15		3				
16		3				
17		3				
18			1			
19				1		
20					1	
21					1	
22					1	
23					1	
24					1	
25					1	
26					1	
27					1	
28					1	
29					1	
30			1			
31				1		
32					1	
33					1	
34					1	
35					1	
36			1			
37				1		
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	17	←	17	←		←
TOTAL CLAIMS	21		20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						